CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

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Coccidioidal Granuloma Widely Distributed

Coccidioidal granuloma, a comparatively rare and extremely devastating disease, caused by a mold, the exact origin of which is not known at the present time, is more widespread in its distribution than is generally known. In California this disease first came to the attention of medical experts of San Francisco and Los Angeles in 1905. By chance most of the cases that first came under observation were in persons who resided in the lower San Joaquin Valley and the disease became known as "San Joaquin Valley Disease." A survey undertaken recently by the State Department of Public Health proves that the disease has occurred during a long period of years in no less than twenty-three counties of California, and the misnomer in "San Joquin Valley Disease" has become glaringly apparent. The undesirable publicity that has come from this false designation of the disease is unfortunate and has provoked no little opposition from the people who live in the great interior valley of the state.

The survey undertaken by the State Department of Public Health has covered most of the county hospitals of California for the purpose of determining if any cases of this disease have been diagnosed during past years in those institutions, and also for the purpose of bringing to the attention of physicians the fact that coccidioidal granuloma is now a reportable disease. Considerable information relative to important points in clinical and laboratory diagnosis have also been given to physicians. The more exact picture of the true geographical distribution of the disease is shown in the following table covering the 218 cases that have occurred in California and for which case histories have been obtained:

Northern group—		
Sonoma	1	
Yolo	1	
Solano	1	
Sacramento	2	
	—	5
Central and South Coast group—		
San Francisco	33	
Alameda	8	
Santa Clara	8	
Santa Cruz	1	
Monterey	3	
San Luis Obispo	1	
Santa Barbara	1	
Los Angeles	78	
Orange	1	
San Diego	1	
	—	135
South group—		
Riverside	4	
San Bernardino	4	
	—	8
San Joaquin Valley group—		
Kern	43	
Tulare	8	
Kings	2	
Fresno	10	
Merced	1	
Stanislaus	3	
San Joaquin	3	
	—	70
Total		218

San Francisco and Los Angeles, as the large medical centers of the state, undoubtedly receive many cases of this disease which actually originated in other districts of the state.

PROMOTING HEALTH OF PRE-SCHOOL CHILDREN

The Cleveland Child Health Association of which Dr. Richard A. Bolt, formerly of the University of California, is director, has issued an attractive publication designed to stimulate activity in the examinations of children of pre-school age. The problem of child health promotion, together with its solution is presented as follows:

THE PROBLEM

1. The pre-school period is one of high morbidity with considerable damage resulting in many defects from which the child later suffers. The first two years of this period are also marked by high mortality.

2. It is a time of rapid growth and development, creating problems of nutrition, bodily resistance, fatigue, posture, with many new environmental adjustments. This age is characterized by great plasticity.

3. A period of marked susceptibility to infectious diseases, the complications of which leave the child with serious defects, hampering its physical and mental growth. Tuberculosis and heart disease often begin in childhood.

4. The child is rapidly becoming socialized. In its wider social contacts it is exposed to physical, mental and moral hazards.

5. An age of many death dealing and disabling accidents, a considerable number of which might be prevented.

6. In this period the jaws and teeth are assuming permanent form and structure. It offers an excellent opportunity for mouth hygiene. The extent of dental decay at school entrance indicates the importance of pre-school care.

7. In the pre-school age many habit and behavior difficulties arise which may lead to delinquency, dependency, ineffective living, or crime. This is the golden age for habit formation and character building.

ITS SOLUTION

1. The extension of the principle of regular systematic health examinations by competent physicians, skilled in handling children and imbued with the preventive viewpoint.

2. Adequate provisions for the early detection and correction of remedial defects, the occasion of the examination being used for health education of both parents and children. Special stress should be laid on nutrition.

3. Community-wide education on prevention of communicable disease, especially as to the importance of specific immunizing measures, with adequate facilities for immunization against smallpox and diphtheria.

4. Wholesome and safe recreation under judicious guidance. Strengthening of home and community relationships.

5. A carefully worked out, all-the-year-round safety education program. The use of well-tested safety devices.

6. Education of mothers to supreme importance of prenatal hygiene. Education of parents to the need of early dental care and encouragement of dentists to accept more responsibility for dental care of young children.

7. Wider opportunities for the observation and guidance of pre-school children. Expert diagnostic facilities should be made available to all organizations handling children. Wide-spread provisions for pre-parental and parental education.

STUDY CARQUINEZ SALT WATER BARRIER SANITATION PROBLEMS

The Bureau of Sanitary Engineering of the State Department of Public Health is cooperating with the office of the State Engineer in a report of the pollution features connected with the proposed building of a salt water barrier at Carquinez Straits. The bureau is cooperating with a view to making a prediction of the results to be encountered following the entry of sewage and industrial wastes at various points behind the proposed barrier. In its report there will appear a discussion of the prospective sewage problems, in so far as they may be changed by the erection of the salt water barrier. It is obvious that the barrier will shut off the tidal ebb and flow now experienced in the summer months in the Sacramento River above Rio Vista and considerably above Antioch. The construction of the barrier will result in the formation of a fresh water lake with little flow passing through it in the summer months. The sewer outlets along this lake frontage will certainly set up offensive conditions in many localities, and it will also be a detriment to the diversion of domestic water supplies, which is one of the main objectives in the construction of the barrier. It is not probable, however, that the new sewage disposal problems created will provide an obstacle to the construction of the barrier, but it is agreed that all phases of the problem must be thoroughly understood, and that the solution of the pollution problem is an important item in the success of the undertaking.

Facts are nothing, but the ideas they signify, the analogies that they evoke, are everything.—*Jean Moréas.*

1930 IS A "MEASLES YEAR"

Since the first of January nearly 5000 cases of measles have been reported in California. Every third or fourth year a new crop of children who have no immunity to measles contract the disease, causing the number of cases reported to mount in a flare-up of extensive proportions. It is apparent that the year 1930 is one of these "measles years." As soon as the new fuel becomes consumed the outbreak will die down, only to flare up again three or four years hence, when a new crop of nonimmune children becomes infected. Health officers throughout the state are cautioned to use every available method for protecting very young children against this disease. The complications that occur with measles in children under 1 year of age very often prove fatal. Because of its easy communicability, measles is extremely difficult to control. Most of the responsibility in the prevention of measles rests with parents who fail to prevent contact of young children with known cases of the disease. Following are the numbers of cases reported this year, by weeks:

January	190
	578
	499
	641
	889
February	1,014
	*984
Total	4,795

* Reports received February 17, February 18, February 19.

WILL CONDUCT RESEARCH IN SEWAGE DISPOSAL METHODS

For many years the engineering profession of California has been cognizant of the need for the development of better methods in sanitary engineering procedures, chiefly in the disposal of sewage and in the purification of water supplies. With the cooperation of the State Department of Finance, sufficient funds have been appropriated for the creation of a research laboratory within the Bureau of Sanitary Engineering of the State Department of Public Health. This laboratory is provided on condition that the cities and industries of California will cooperate. The state will furnish the laboratory and the scientific assistance and the municipalities and industries are expected to pay their part for whatever research work is conducted for them. The laboratory will be set up in the new Life Sciences Building at the University of California, where general research into sewage and water pollution problems will be undertaken.

SURVEY OF WATER SUPPLIES AND SEWAGE WORKS

Extensive surveys of water supplies and sewage disposal works in many California communities are being undertaken by the Bureau of Sanitary Engineering. Surveys have been completed and reports have been issued for the following communities: Antioch, Capitola (water only), Colton, Davis, Dixon, Fillmore, Gilroy, Guadalupe, Lincoln, Livermore, Los Gatos, Morgan Hill, Ojai, Ontario, Orcutt, Oxnard, Pittsburg, Pleasanton, Redlands, Riverside, Roseville, San Bernardino, San Jose, Santa Clara, Santa Cruz, Santa Maria, Santa Paula, Suisun, Upland, Vacaville, Watsonville, Winters and Woodland. What results may follow the making of these surveys can not be ascertained, as yet. That many common faults exist in the provision of potable water supplies and in the proper disposal of sewage in many communities throughout the state is obvious. The making of these surveys will, it is hoped, start an educational program which will result in the elimination of many common faults encountered.

BACTERIOLOGICAL WORK INCREASES

Most of the work of the State Bacteriological Laboratory is done for the smaller cities and for the counties which are unable to provide their own laboratory for diagnostic work. The State Health Department does not do this work for cities having populations of 20,000 and over. In the last quarter of the year 1928, 12,286 examinations were performed in the State Bacteriological Laboratory, and, during the last quarter of the year 1929, 14,393 such examinations were performed. This represents an increase of 17 per cent. The increases are most conspicuous in examinations for plague, rabies and syphilis.

MORBIDITY *

Diphtheria.

69 cases of diphtheria have been reported, as follows: Oakland 2, Imperial County 2, El Centro 1, Kern County 1, Lake County 5, Los Angeles County 6, Alhambra 1, Compton 1, Glendale 1, Long Beach 1, Los Angeles 11, Santa Monica 2, Torrance 1, Monterey Park 2, Orange County 2, Brea 2, Orange 1, Santa Ana 2, Riverside County 1, San Diego County 1, San Diego 2, San Francisco 6, Redwood City 1, San Jose 2, Siskiyou County 9, Sonoma County 1, Tulare County 2.

Scarlet Fever.

263 cases of scarlet fever have been reported, as follows: Alameda 1, Berkeley 3, Oakland 17, Colusa County 2, Colusa 1, Contra Costa County 2, Fresno County 6, Eureka 8, Imperial County 1, Kern County 9, Bakersfield 2, Lassen County 3, Susanville 1, Los Angeles County 18, Alhambra 1, Beverly Hills 2, Burbank 1, Compton 1, Covina 2, Culver City 1, Glendale 6, Huntington Park 2, Inglewood 1, Long Beach 3, Los Angeles 53, Monrovia 1, Pasadena 4, San Fernando 1,

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* From reports received on February 24th and 25th for week ending February 22d.

Santa Monica 6, Whittier 1, Monterey Park 1, Maywood 4, Merced 1, Orange County 2, Huntington Beach 2, Santa Ana 6, Riverside County 1, Sacramento County 1, Sacramento 6, San Benito County 1, Ontario 1, San Diego County 8, National City 1, San Diego 3, San Francisco 20, San Joaquin County 1, Stockton 2, San Luis Obispo County 3, Arroyo Grande 4, San Mateo County 2, Burlingame 2, San Mateo 1, Atherton 1, Santa Barbara County 5, Lompoc 2, Santa Maria 1, Santa Clara County 2, Palo Alto 3, San Jose 2, Dunsmuir 3, Yreka 2, Sonoma County 1, Santa Rosa 1, Stanislaus County 1, Tehama County 1, Tulare County 4, Ventura County 1.

Measles.

1151 cases of measles have been reported, as follows: Alameda 48, Berkeley 34, Oakland 137, Piedmont 2, Contra Costa County 3, Richmond 5, Fresno County 1, Fresno 10, Imperial County 3, Los Angeles County 75, Arcadia 1, Compton 1, Glendale 1, Huntington Park 1, Long Beach 4, Los Angeles 130, Montebello 1, Pasadena 2, Pomona 1, San Fernando 1, San Gabriel 2, Marin County 1, Mill Valley 4, San Rafael 1, Sausalito 1, Merced 1, Orange County 1, Anaheim 2, Orange 1, Colfax 2, Riverside County 10, Sacramento County 1, Ontario 2, Redlands 1, San Diego 1, San Francisco 465, San Joaquin County 17, Lodi 28, Stockton 3, San Luis Obispo County 2, Burlingame 2, Daly City 1, San Bruno 1, Santa Barbara County 27, Santa Clara County 15, Palo Alto 2, San Jose 76, Santa Clara 2, Sunnyvale 5, Santa Cruz County 1, Watsonville 1, Sonoma County 3, Santa Rosa 2, Tehama County 1, Tulare County 1, Yolo County 3, Woodland 1.

Smallpox.

97 cases of smallpox have been reported, as follows: Alameda 3, Oakland 2, Butte County 1, Pittsburg 1, Fresno 1, Imperial County 16, El Centro 11, Calipatria 1, Hanford 1, Lakeport 3, Los Angeles County 1, Los Angeles 3, Pasadena 1, Torrance 3, Sacramento County 3, Sacramento 6, Redlands 19, Upland 1, San Francisco 2, Tracy 1, Santa Clara 5, Santa Cruz County 1, Stanislaus County 3, Modesto 2, Sutter County 3, Yuba City 1, Tulare County 2.

Typhoid Fever.

7 cases of typhoid fever have been reported, as follows: Richmond 1, Imperial County 1, Los Angeles 2, Sacramento County 1, Redlands 1, Santa Barbara County 1.

Whooping Cough.

110 cases of whooping cough have been reported, as follows: Alameda 1, Oakland 2, Gridley 4, Contra Costa County 1, Pittsburg 2, Los Angeles County 24, Arcadia 3, Compton 3, Long Beach 14, Los Angeles 10, Pasadena 3, Whittier 2, Lynwood 2, South Gate 2, Fullerton 1, Huntington Beach 1, Orange 4, Santa Ana 10, Sacramento 1, San Diego County 3, San Diego 5, San Francisco 3, Burlingame 1, Santa Barbara 2, Benicia 3, Tulare County 1, Ojai 2.

Meningitis (Epidemic).

9 cases of epidemic meningitis have been reported, as follows: El Centro 1, Los Angeles 2, Sacramento 3, San Francisco 2, Stockton 1.

Trichinosis.

Sacramento County reported 2 cases of trichnosis.

Undulant Fever.

3 cases of undulant fever have been reported, as follows: Los Angeles County 1, Chino 1, Ceres 1.

Encephalitis (Epidemic).

Ventura County reported one case of epidemic encephalitis.

NOTE.—Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1930				1929			
	Week ending			Reports for week ending Feb. 22 received by Feb. 25	Week ending			Reports for week ending Feb. 23 received by Feb. 26
	Feb. 1	Feb. 8	Feb. 15		Feb. 2	Feb. 9	Feb. 16	
Botulism	0	0	1	0	0	3	0	2
Chickenpox	619	516	557	557	380	454	507	488
Coccidioidal Granuloma	0	0	0	0	0	4	0	1
Diphtheria	72	63	75	69	68	79	67	70
Dysentery (Amoebic)	1	2	2	0	0	1	0	0
Dysentery (Bacillary)	0	0	1	0	0	0	0	0
Encephalitis (Epidemic)	2	1	0	1	2	4	0	5
Erysipelas	17	24	22	15	18	16	18	14
Food Poisoning	0	0	100	0	2	0	10	0
German Measles	61	55	24	18	20	38	41	24
Gonococcus Infection	115	129	90	93	160	127	86	98
Hookworm	0	1	0	0	0	1	1	0
Influenza	47	63	75	34	193	171	245	133
Jaundice (Epidemic)	0	2	0	0	1	1	0	1
Leprosy	0	0	1	0	0	0	0	2
Malaria	0	1	0	1	0	0	1	0
Measles	889	1,014	1,030	1,151	82	66	58	47
Meningitis (Epidemic)	5	13	9	9	18	17	15	13
Mumps	646	793	643	800	230	262	322	280
Ophthalmia (Neonatorum)	1	0	0	0	1	3	1	0
Paratyphoid Fever	1	1	1	1	0	0	0	0
Pellagra	1	1	0	1	1	1	0	1
Pneumonia (Lobar)	98	106	110	72	156	77	99	91
Poliomyelitis	7	0	1	0	3	4	3	2
Rabies (Animal)	21	17	14	8	21	11	8	18
Scarlet Fever	358	368	291	263	393	354	383	391
Smallpox	139	129	122	97	70	95	79	65
Syphilis	146	207	135	140	176	163	160	157
Tetanus	1	0	1	2	3	1	0	2
Trachoma	3	4	2	1	5	1	1	3
Trichinosis	4	6	3	2	0	0	0	0
Tuberculosis	184	216	254	175	276	260	233	206
Tularemia	2	0	0	0	0	0	0	0
Typhoid Fever	8	7	13	7	7	7	11	4
Undulant Fever	2	1	3	3	1	0	0	0
Whooping Cough	96	158	164	110	216	179	172	153
Totals	3,546	3,898	3,744	3,628	2,503	2,400	2,521	2,271

Measles is rising in prevalence each week.

* * *

Mumps is unusually prevalent.

* * *

Smallpox continues on a high level.

* * *

Influenza dropped to 34 cases reported last week.

* * *

Scarlet fever is less prevalent.

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